

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	82		8-7-01
O.I.P.E. CLASSIFIER		19	5/15/01
FORMALITY REVIEW	S.A	1085	09/10/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	11/3/04
2	11/3/04
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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 08/11